

TEMADD REQUEST FORM

From: _____ Date: _____

To: Admin Officer

Subj: TEMADD REQUEST

1. Request Cost Orders ☐ No-Cost ☐ TEMADD Orders be prepared for :

Rank/Rate: _____ Name:(F, MI, L) _____ SSN: _____

Course : _____

Purpose: _____

Dates _____

TAD Station/Bldg #: _____ Location: _____

NOTE: Admin will make all commercial air reservations through SATO. Please indicate flight preferences.

Departure Date/Time _____ Return Date/Tiime _____

3. Berthing Arrangements

Hotel ☐ BOQ/BEQ ☐ Shipboard ☐ None Required ☐

NOTE: Use of Government Quarters/Messing is directed when available. I have confirmed the temporary duty station at Tel: (____)____-____ and determine that:

Govt Qtrs Are ☐ Are not ☐ available Confirmation #

Govt Messing Is ☐ Is not ☐ available

Confirmed by: _____
Name Date

4. Government Credit Card Holder Yes ☐ No ☐ GCC Holders require no advance

5. Advance Per Diem Desired: Yes ☐ No ☐

6. Security Clearance Required: Yes ☐ No ☐

Send security clearance to:

7. For ADMIN: Budget Item Yes ☐ No ☐ Estimated Cost: _____

LPO LCPO DIV O DEPT HD
Executive Officer: Approved ☐ Disapproved ☐ Initials _____

